

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SUPREME

**TOOTHBRUSH HOLDER,**

the specification of which (check one):



is attached hereto.



was filed on \_\_\_\_\_ as United States Application Serial Number \_\_\_\_\_, and was amended on \_\_\_\_\_ (if applicable).



was filed on \_\_\_\_\_ as PCT International Application Number \_\_\_\_\_, and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim, where indicated, foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International application, filed by me on the same subject matter, having a filing date before that of the application on which priority is claimed.

**PRIOR FOREIGN APPLICATION(S)**

Number	Country	Mo./Day/Yr. Filed	Priority Claimed	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below:

**PRIOR UNITED STATES PROVISIONAL APPLICATION(S)**

Application Serial No.	Filing Date
60/420,337	10/23/02

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

US Application Serial No.		Filing Date	Patented, Pending, Abandoned
PCT Application No.	PCT Filing Date	US Application Nos. Assigned, if any	Patented, Pending, Abandoned

I or we hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to: 301-~~883~~-0954

Address all correspondence to:

Darryl William Hester  
1105 61<sup>st</sup> Avenue  
Fairmount, MD 20743

I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:	LAST NAME Hester	FIRST NAME Darryl	MIDDLE NAME William
RESIDENCE/ CITIZENSHIP	CITY Fairmount	STATE OR COUNTRY MD	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1105 61 <sup>st</sup> Avenue		CITY Fairmount
	STATE/COUNTRY MD, USA		ZIP CODE 20743

Inventor's Signature:  Date: 10/22/03

SECOND JOINT INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE/ CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY
	STATE/COUNTRY		ZIP CODE

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIRD JOINT INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE/ CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY
	STATE/COUNTRY		ZIP CODE

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOURTH JOINT INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE/ CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY
	STATE/COUNTRY		ZIP CODE

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Additional inventors are being named on separately numbered sheets attached hereto.

Docket No.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Darryl Hester

Application or Patent.:

Filed: SUPREME

Title: TOOTHBRUSH HOLDER

Commissioner of Patents and

Trademarks

Washington, DC 20231

STATEMENT CLAIMING SMALL ENTITY STATUS

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliate, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to and remain exclusively with the small business concern identified above with regard to the invention described in the specification filed herewith with title as listed above.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

Signature: 

Name: Darryl Hester

Title: Inventor

Address: 1105 61<sup>st</sup> Ave  
Fairmount Heights, MD  
20743-1405